

everybody in this country run by the government.

So I thank the gentleman from Georgia, my colleague from Georgia, my colleague from Cobb County, for leading this time. I know there are a number of other speakers that are here that want to weigh in on this. We just need to keep fighting. We will get this bill right. But we need to do it in a bipartisan way.

Mr. PRICE of Georgia. Thank you so much. I appreciate my physician colleague pointing out again the number of new smokers needed to pay for it. And the last time I remember, it has been a while since I have been in medical practice, but we used to try to get folks to quit smoking, that is what we tried to get them to do, instead of beginning to smoke to pay for it.

This chart really describes it very, very well, talking about the bait and switch of the funding. In addition to having a tobacco tax pay for it, which is really counterproductive because we want folks to quit smoking, not start smoking, but in addition to that, what happens at 5 years, this is 2008 program, 9, 10, 11, 12, 13, when you get out to this fifth year, what happens in the majority party's bill, the Democrats' bill? The funding drops way off, which means that they weren't sincere about this in the very beginning.

It really isn't about cost. It is about control, about who is going to control health care. Is it going to be patients, individuals, families and doctors? Or is it going to be government? It really is about something as basic as that, a basic question.

I'm so pleased to be joined tonight by my good friend from Florida who has a district that is probably as sensitive to health care as any in this Nation, GINNY BROWN-WAITE. I appreciate so much your joining us and I look forward to your comments.

Ms. GINNY BROWN-WAITE of Florida. I thank the gentleman for yielding.

I was sitting in my office calling back some constituents. It was 7:30, and first of all, they were surprised to hear from any Member of Congress calling them back at 7:30, but I am sure everyone here in this chamber does exactly that. And I saw you coming here to inform the American public about the truth. It is long overdue.

Many of us in this Chamber had ads run against us. It was during that 2-week period after the President vetoed the bill. Now, we could have been working on a compromise, but no, there had to be time out there for the operatives to run nasty ads against people who voted to not override the President.

The President was right. This bill, the spending in the bill is out of control. It is out of control, and the American public started to catch on. Because when they started to attack me, you know, I have been called the mother of this bill. I wasn't in Congress at the time. But it was because I was willing to take that very difficult vote to

allow for third-party reimbursement to come from the tobacco companies for health care costs that the money came from.

So, Dr. PRICE, your chart there on where the money is coming from is very, very interesting because, as you say, in 2013, if I am reading the chart correctly, that is where the funding drops off. Twenty-two million smokers would be needed to fund this program, which is far, far different from that originally envisioned and that which both sides of the aisle, the Democrats and the Republicans, worked on in 1997 to come up with the SCHIP bill.

So what exactly do we have in the bill that many of us voted against, many of us who fought long and hard for State children's health programs? What is in it? Well, it continues to allow adults to receive health care under various State SCHIP programs. It is interesting that it also will allow more illegals to participate in health care through the SCHIP program. That is not what our constituents wanted.

The Senate received a loud-and-clear message when America finally did wake up to what they were doing on the issue of illegal aliens. They virtually inundated the switchboard of the Senate. People do not want more magnets to attract illegal aliens here. But most of the State health plans, part of the pool of money that the various States got after going after the third-party reimbursement, part of that money was also for education and trying to get people to stop smoking. So isn't it interesting that with this hand we fund programs that are trying to get people to stop smoking, and yet we have a bill here that says, oh, come on, we need some more smokers to pay for this program.

One of the fallacies that people have finally in America begun to realize is that the program, the SCHIP program, was a great program. It should be renewed. It shouldn't be expanded. It should be renewed. And we need to reach out to those that the program hasn't already touched, those low-income children out there. It shouldn't have been, and it was never intended originally to be for adults. But, quite honestly, States gamed the system. And why did they do it? Because they could get 15 percent more funding from the Federal Government than they could with the traditional Medicaid program that adults go into.

In Florida alone, we have right now 62,000 children who should be eligible for KidCare, which is the State program, but they have not signed up for it. So before we go expanding it to middle-income kids, let's capture those children in Florida, and every other State, Dr. PRICE, every other State that has children who still are not covered by the program, the very, very good program. Many of us actually are on the bill that would be a simple extension. And many of us are cosponsors of that which allows the program to continue for 18 months.

I hope that our colleagues on the other side of the aisle realize what America really wants. They want this great program to continue for low-income children.

Dr. PRICE, I appreciate your being here tonight as part of the Truth Squad to bring this information to the American public.

Mr. PRICE of Georgia. Thank you so much, Congresswoman GINNY BROWN-WAITE. We appreciate your perspective. What a moving story about the beginning of the program where you were on the front lines at the beginning. I know of nobody in this Congress who has greater compassion for kids than you. I sincerely appreciate your coming down, sharing that story and trying to bring some truth. That is what we are trying to do, trying to bring some truth and some light to this issue.

When folks at home ask me what the alternative is, because there are alternatives, there are wonderful, positive alternatives, a number of other Members of Congress have introduced bills. I, along with over 60 folks in Congress, have introduced a bill that we call More Children More Choices Act. It would be a bill that would in fact reauthorize SCHIP, State Children's Health Insurance Program, up to 200 percent of the poverty level, that is \$42,000 for a family of four. For those kids between \$42,000 and \$62,000 and their family, we would provide premium assistance, premium support, make it so that all kids can, indeed, get health insurance. But most of those kids would then be able to have health insurance provided in a personal and private way so that their doctors and their families were making health care decisions, not the government.

Ms. GINNY BROWN-WAITE of Florida. Many of the State programs actually had that language in there so that we wouldn't crowd out those who already had insurance and encourage them to get into the program. Many of the States had subsidies, premium subsidies so that people could stay in a family program so you didn't have to have one doctor for perhaps your 12-year-old and another doctor for the mom and dad so that there could be a family, a true family doctor there because they all were covered by the same insurance company. The problem was over time many of the States stopped promoting that. So it was just easier to enroll the children in the State children's health program, and in Florida we call it KidCare. That is an excellent point you bring up.

Mr. PRICE of Georgia. Thank you so much. I appreciate your joining us and providing that perspective.

Again, Mr. Speaker, there are all sorts of alternatives. The alternative we put forward was H.R. 3888. I encourage my colleagues to look at it.

□ 2000

It's a bill that would reauthorize SCHIP. It would make certain that we had premium assistance or support for